

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90047 036 \*\*\*\*50.00

**DOCUMENT # M02000003235**

1. Entity Name  
**GREENE STREET KEY WEST, LLC**



Principal Place of Business  
**524 FRONT STREET  
KEY WEST, FL 33040**

Mailing Address  
**6060 ROCKSIDE WORDS BLVD. #315  
CLEVE, OH 44131**



2. Principal Place of Business

**540 GREENE ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Key West FL**

City & State

Zip

**33040**

Country

Zip

Country

01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**14-1864266**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GORMAN, J. MICHAEL  
524 FRONT STREET  
KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR**  
NAME **GORMAN, J. MICHAEL**  
STREET ADDRESS **534 FRONT ST.**  
CITY-ST-ZIP **KEY WEST, FL**

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS **9955 NORTHWEST 116 WAY**  
CITY-ST-ZIP **MEDLEY, FL 33178**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Prepared By:



**Levy, Black & Sniderman CO.**

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

6060 Rockside Woods Blvd., Cleveland, Ohio 44131